## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT	Secretary of State DIVISION OF CORPORATIONS		FILED  15 DEC 31 AN ID: 33	
DOCUMENT # (360001757)  1. Corporation Name  Souls, INC,	7		SECRETARY OF STATE FALLAHASSEE, FLORIDA	
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address  937/LiH/e River B/vd  Suite, Apt. #, etc.  Suite, Apt. #, etc.		CR2E081 (11/10)  4. Date Incorporated or Qualified To Do Business in Florida		
City & State  City & State  City & State  City & State  Zip  Zip  Zip  Zip  Zip  Zip	Country	5. FEI Number	Some in Florida  3 / 96  Applied For Not Applicable  Separatus Desired for a Certificate of Status	
Name and Address of Current Registered Agent  Name  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  927  Suite, Apt. #, Etc.  City  Miam  State  Zip Code  FL 33147		800280546438 01/04/1601008027 **\$00.00		
8. I, being appointed the registered agent of the above named corp Signature of Registered Agent REGISTERED AG	gration, am familiar with and accept the ob GENT MUST SIGN	ligations of section	507.0505 or 617.0503, F.S.  Date	
9. Names and Street Addresses of Each Officer and/or Director (FI	T-00-00-00-00-00-00-00-00-00-00-00-00-00	st 3 directors)		
Res. Vivian D. Whitehead	Street Address of Each Officer and/or Director	Blvd.	City/State/Zip	
REINST	ATEMENT		3 1 2015 HUNT	
10. E-mail Address: Solution (To be used for future annual report notification)  (To be used for future annual report notification)  11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607,0401 or 617,0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am a ware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.				
SIGNATURE: // 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	ED NAME OF SIGNING OFFICER OR DIRECTO	12.3	1.15 305.673.3335 Date Dayline Phone 8	